



# DEPARTMENT OF DEFENSE (AFHSC)

## Detecting and Reporting DoD Cases of Ebola Virus Disease Infection: Guidance as of 29 SEP 2014



### 1. Information for Health Care Workers ([CDC Guidance](#)):

Patients known or suspected to have Ebola Virus Disease (EVD) presenting to healthcare settings should be placed under appropriate precautions as soon as possible to prevent transmission of Ebola virus to others. [CDC infection control guidance is available here.](#)

Patients with EVD generally have abrupt onset of symptoms typically 8-10 days after exposure (mean incubation period has been 4-10 days in previous outbreaks, range 2-21 days). Fever, headache, myalgia, weakness, diarrhea, vomiting, abdominal pain and unexplained hemorrhage (bleeding or bruising) are the most common signs and symptoms.

Ebola is spread through direct contact (through broken skin or mucous membranes) with:

- blood or body fluids (including but not limited to urine, saliva, feces, vomit, and semen) of a person who is sick with Ebola
- objects (like needles and syringes) that have been contaminated with the virus
- infected animals

Ebola is not spread through the air or by water, or in general, food. However, in Africa, Ebola may be spread as a result of handling bushmeat (wild animals hunted for food) and contact with infected bats.

In West Africa, symptoms of Ebola are often consistent with endemic hemorrhagic fevers and other diseases such as malaria; therefore travel history, as well as possible exposure history, can be a very important diagnostic tool for this disease.

### 2. Case Definition for Ebola Virus Disease (EVD):

**Persons under Investigation (PUI)** have the following characteristics:

1) Clinical criteria, which includes fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, weakness, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage; AND,

2) Epidemiologic risk factors within the past 21 days before the onset of symptoms, such as contact with blood or other body fluids, or human remains of a patient known to have or suspected to have EVD; residence in, or travel to, an area where EVD transmission is active; or direct handling of bats, rodents, or primates from disease-endemic areas.

**Probable Case:** A PUI who is a contact of an EVD case with either a high or low risk exposure (see below).

**Confirmed Case:** A case with laboratory-confirmed diagnostic evidence of EVD infection.

**Contacts of an EVD case may have different levels of exposure risk:**

**High risk exposures:**

1. Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of an EVD patient
2. Direct skin contact with, or exposure to blood or body fluids of, an EVD patient without appropriate personal protective equipment (PPE)
3. Processing blood or body fluids of a confirmed EVD patient without appropriate PPE or standard biosafety precautions
4. Direct contact with a dead body without appropriate PPE in a country where an EVD outbreak is occurring

**Low risk exposures:**

1. Household contact with an EVD patient
2. Other close contact with EVD patients in health care facilities or community settings  
Close contact is defined as:
  - being within approximately 3 feet (1 meter) of an EVD patient or within the patient's room or care area for a prolonged period of time (e.g., health care personnel, household members) while not wearing recommended personal protective equipment (i.e., standard, droplet, and contact precautions; see Infection Prevention and Control Recommendations)
  - having direct brief contact (e.g., shaking hands) with an EVD patient while not wearing recommended personal protective equipment

Brief interactions, such as walking by a person or moving through a hospital, do not constitute close contact.

**No known exposure:** Having been in a country in which an EVD outbreak occurred within the past 21 days with no high or low risk exposures.

**3. Clinical Diagnostic Testing:**

- CDC guidance for specimen collection, transport, testing, and submission is [here](#).
- DoD testing using the FDA Emergency Use Authorization DoD Ebola Zaire RT-PCR assay developed by USAMRIID is available at select locations:
  - USAMRIID Special Pathogens Laboratory (SPL)  
Fort Detrick, Maryland  
[usarmy.detrick.medcom-usamriid.mbx.special-pathogens-lab@mail.mil](mailto:usarmy.detrick.medcom-usamriid.mbx.special-pathogens-lab@mail.mil)  
Work: 301-619-3318 (DSN 343) or 1-888-872-7443 (24 hour emergency hotline)  
Please use the [SPL Form for sample submission](#)
  - Landstuhl Regional Medical Center  
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- Naval Medical Research Unit-3 (NAMRU-3)  
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Mobile: 011-2-0122-352-4474
- NIDDL at NMRC (Pending qualification)
- NHRC (Pending qualification)

#### 4. Reporting:

- **Use the notification procedures prescribed in [DODI 6200.03](#) to immediately notify the chain-of-command and stakeholders.** The current West Africa Ebola outbreak has been declared a WHO Public Health Emergency of International Concern (PHEIC). Report immediately by phone any individuals suspected of being infected with Ebola. Service-specific public health POCs are:
  - Navy & Marine Corps Public Health Center (NMCPHC)  
[NMCPHCPTS-ThreatAssessment@med.navy.mil](mailto:NMCPHCPTS-ThreatAssessment@med.navy.mil)  
(757) 953-0700  
DSN 377-0700
  - Air Force School of Aerospace Medicine (USAFSAM) Epidemiology Consult Service  
[episervices@wpafb.af.mil](mailto:episervices@wpafb.af.mil)  
(937) 938-3207  
DSN 798-3207
  - Army Institute of Public Health (AIPH) Disease Epidemiology Program  
[usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil](mailto:usarmy.apg.medcom-phc.mbx.disease-epidemiologyprogram13@mail.mil)  
(410) 417-2377  
DSN 867-2377
- File a report in the [Disease Reporting System Internet](#) (DRSi) as a “Hemorrhagic Fever” per the [Armed Forces Reportable Medical Events Guidelines](#), 2012. Include clinical presentation, travel history, exposures to known Ebola cases, hospital admission status and dates.
- Remain aware of local civilian reporting requirements in order to ensure timely communication across sectors and facilitate accurate diagnosis and reporting through official military and civilian channels.

#### 5. Population-based Surveillance:

- The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) or the Medical Situational Awareness in Theater (MSAT) may be used to monitor for potential EVD in our populations.

- In ESSENCE, users can monitor EVD with the Hemorrhagic Illness system defined syndrome (based on diagnosis codes) and via a custom query based on the chief complaint/reason for visit recorded during the patient encounter. A sharable user-defined syndrome using chief complaints of fever and travel and disease terms to find patients at MTFs that might need screening for Ebola is available under the syndrome name 'Ebola September' and the user name "Bell.Robert.Emerson". This code is active and ready for use.
- For specific procedures copying, using, modifying, and sharing user-defined syndromes, please refer to the ESSENCE User Guide, available from the website Reference Menu, pages 58-78. To improve system performance, it is recommended that users limit queries to a month time period or shorter, limit the geographic search area and run the query daily.
- As needed, appropriate personnel can obtain an ESSENCE [account](#) through the MHS portal.

## 6. Risk Communication and Prevention Considerations:

- Avoid unnecessary travel to high-risk countries currently affected by the Ebola outbreak as recommended by WHO and [CDC travel health guidelines](#). Consult updated travel notices prior to travel to an affected country.
- Beneficiaries living in or traveling to higher risk areas should seek pre-travel advice from travel health professionals to learn how to minimize risk of exposure to Ebola virus.
- Prevention relies on avoidance of contact with infectious blood or bodily fluids of a person infected with EVD or potentially infected bush-meat from countries with known Ebola virus transmission and proper usage of PPE.
- There is no approved or licensed antiviral treatment or vaccine currently available for Ebola.
- DoD health care providers should know the clinical manifestations of Ebola, how to obtain confirmatory laboratory testing, and how to treat the disease. For updated guidance review the CDC's [Guidelines for Evaluation of US Patients Suspected of having EVD](#).

## 7. Other Resources:

- CDC guidelines on the evaluation of infections with Ebola are found at their [website](#).
- Please see the [WHO Global Alert and Response Ebola website](#) for additional situational awareness.
- USTRANSCOM should be consulted regarding guidance on Air Medical Transport for Patients with EVD.
- U.S. Army Medical Department [Ebola Zaire virus assay Emergency Use Authorization](#) (EUA) information, including fact sheets, FDA and sample collection information.

## 8. Armed Forces Health Surveillance Center POCs:

Email: [usarmy.ncr.medcom-afhsc.list.dib.alert-response@mail.mil](mailto:usarmy.ncr.medcom-afhsc.list.dib.alert-response@mail.mil)

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